

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4	✓						54						
5							55						
6							56						
7							57						
8	✓						58						
9							59						
10							60						
11							61						
12	✓						62						
13							63						
14							64						
15							65						
16	✓						66						
17							67						
18							68						
19							69						
20	✓						70						
21	✓						71						
22		✓					72						
23		✓					73						
24		✓					74						
25							75						
26							76						
27							77						
28	✓						78						
29	✓						79						
30		✓					80						
31		✓					81						
32		✓					82						
33		✓					83						
34	✓						84						
35		✓					85						
36		✓					86						
37		✓					87						
38		✓					88						
39	✓						89						
40		✓					90						
41		✓					91						
42		✓					92						
43		✓					93						
44		✓					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	19	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	16	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	26						TOTAL CLAIMS						